

{Copy onto Corporate Letterhead}

**VISA/MC Cardholder Authorization for
San Diego County Permitting Purchases Only.**

NAME OF CARDHOLDER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
ORGANIZATION: _____
TELEPHONE NUMBER: _____
CREDIT CARD #: _____
EXPIRATION DATE: _____
PHONE ORDER PASSWORD: _____

PERSONS AUTHORIZED TO CHARGE ON ACCOUNT:

NAME: _____	AUTHORIZED LIMIT: \$ _____
NAME: _____	AUTHORIZED LIMIT: \$ _____
NAME: _____	AUTHORIZED LIMIT: \$ _____
NAME: _____	AUTHORIZED LIMIT: \$ _____
NAME: _____	AUTHORIZED LIMIT: \$ _____

I, _____ hereby authorize the above listed persons to charge on the above referenced credit card. I further indemnify and hold harmless the County of San Diego (County) from any and all liabilities, damages and lawsuits resulting from the misuse of this credit card or any misrepresentations made by the persons listed above in the use of this credit card. I further agree to notify the County within 7 calendar days if the credit card is lost, stolen, or cancelled.

Signature: _____ Date: _____

Activation of this account will require the credit cardholder to **present the actual card and his/her picture ID** at the time the first purchase is made. Subsequent purchase may be made by authorized persons only if proper **picture ID** is presented or phone orders will require validation of the proper password.

San Diego County will keep this information secure and use it only for authorized transactions.